

Work issues: employment and inflammatory arthritis

Employment is, simply, a huge part of our lives. For many of us, what we do for a living helps to define who we are as people—work is often where we spend the majority of our waking hours, and many people spend more hours per day with co-workers than with their own families.

Arthritis and related bone and joint diseases are the most common cause of work disability in Canada. Rates of work disability in people with inflammatory arthritis are high; for example, research shows that 25-50% of people have to stop working within ten years of being diagnosed with rheumatoid arthritis. And since rheumatoid arthritis tends to strike in the prime of working life, this has serious consequences—on the lives of people living with disease, on their families and on the economy as a whole.

In this issue of JointHealthTM monthly, we look at a critical issue facing many people who live with arthritis: work disability. We also include a spotlight on diffuse idiopathic skeletal hyperostosis (DISH).

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Personal impact of work disability

Imagine being told at the age of 30 that you may have only ten more years left in your career. Ten years to accomplish as much as you can, to earn enough money to support yourself for the rest of your life, to secure your children's futures. At 40, your working life could be over.

For many people with rheumatoid arthritis, and other inflammatory types of arthritis, this scenario is all too possible. Research indicates that one quarter to one half of people with rheumatoid arthritis will be too disabled to continue working just ten years following their diagnosis. This figure rises to 50-90% thirty years after onset; however, with the advent of new more effective therapies, recent studies paint a more optimistic picture.

Unfortunately, undertreated inflammatory arthritis can cause people to give up careers they love, to lose their jobs, to miss out on promotions or opportunities or to simply be forced to stop working. The impacts of work disability are tremendous: individuals and families are thrown into financial crisis when breadwinners become work-disabled; the workforce loses valuable

personnel, experience and expertise. And all too often, people with inflammatory arthritis lose an important piece of themselves.

Impacts on the economy

Work disability costs the Canadian economy a staggering amount each year—approximately 4.4 billion dollars per year. Long-term disability accounts for almost 80% of the economic costs of arthritis, and people aged 35-64 incur approximately 70% of these costs.

Put simply, people in the prime of working life are cut down by inflammatory arthritis, and it costs the economy a tremendous amount of money in lost productivity and disability support. For some specific examples, see the **January 2008 issue of JointHealth monthly**, which includes a detailed analysis of the costs of arthritis-related disability in Canada.

While the facts around employment and inflammatory arthritis can seem grim, newer therapies and treatment techniques offer a good chance at avoiding or minimizing work disability for those people able to access them. This is one of the many reasons why Arthritis Consumer Experts works to ensure that all people with inflammatory arthritis are able to obtain the medical care they need—including access to rheumatologists (arthritis specialists) and allied health professionals like physiotherapists, reimbursement for gold-standard medications, and education about non-medication treatments.

As well, it is important to note that although working is difficult for people with arthritis, there are many examples of people who continue to work for many years despite very severe and very disabling disease.

continued

Why people with inflammatory arthritis become work disabled

A number of factors contribute to work-disability. Research indicates that some of the most common factors that may play a role in contributing to work disability include:

- **The pain, fatigue, joint damage, physical limitation and depression often associated with inflammatory arthritis:** the most common symptoms of inflammatory arthritis can make just getting out of bed—not to mention working a full day—difficult or impossible. Interestingly, recent research has indicated that fatigue is the most common arthritis symptom making it difficult to continue working.
 - **Symptom fluctuations:** the symptoms of arthritis are not steady; rather, disease activity tends to flare and then diminish. This can be very unpredictable, and makes it difficult
- to plan ahead and know whether it will be possible to commit to future tasks.
 - **An employer's level of knowledge and understanding of arthritis:** employers who do not understand the symptoms of inflammatory arthritis and the seriousness of the disease are less likely to try to create the right kind of work environment for a person with inflammatory arthritis. For some ideas for employers and employees, see the article entitled "Tips for avoiding work disability" in this issue of JointHealth™ monthly.
 - **The physical requirements of the job, and the employee's physical ability to complete necessary tasks:** people with arthritis who have jobs that are more physically taxing (for example prolonged standing, heavy lifting, tasks requiring strength in hands) are more likely to become work disabled.
 - **Distance between home and work:** commuting by car or public transit can be challenging for people living with active disease. ☹

Tips for avoiding work disability

There are a number of things that people with arthritis can do to help manage work and arthritis and prevent work disability. Here are some strategies:

1. **Make sure you manage your disease by attending appointments with your doctor and other health professionals, consistently taking necessary medications and practicing a healthy lifestyle.** Often, people with disease can feel that they are "just hanging on" with work and family responsibilities. This may cause them to feel as if they simply do not have the time or energy to take proper care of themselves and their arthritis, which in turn may worsen arthritis symptoms and make it more difficult to work. Taking care of arthritis is a good investment in your career.
 2. **Use the resources that are available to you.** Health care professionals can be a terrific resource for developing strategies to better cope with balancing arthritis and work. Rheumatologists and family doctors may be able to offer helpful advice. As well, occupational therapists and vocational rehabilitation counsellors may be very helpful in addressing work-related issues. Speak with your doctor about how you may be able to access and benefit from these resources.
 3. **Try to negotiate flexible work arrangements, if possible.** The ability to work from home, or work part-time, or modify a work schedule allows you to plan your work while taking your arthritis into consideration.
- This may in the long run actually improve productivity and decrease sick days. People with greater flexibility and autonomy at work are less likely to stop working.
4. **Ask for an ergonomic assessment from a professional trained in arthritis issues.** Simple modifications and proper equipment can make an enormous difference in creating a physical work environment that does not aggravate arthritis. People who have had ergonomic modifications at work are more likely to remain employed, more than doubling their chances.
 5. **As much as you are comfortable, educate your coworkers and employers.** Far too many people do not understand what it means to have inflammatory arthritis. Fatigue can be misinterpreted as laziness, unpredictable flares can be seen as a lack of reliability and physical limitations can be ignored or resented by employers and coworkers. Only education can challenge these misperceptions.
 6. **Remember that your arthritis, and not you as a person, is the cause of these challenges.** For people with arthritis, self perception can be impacted very negatively by arthritis. People who have, for their whole lives, identified themselves as reliable, diligent workers can experience a significant blow to their self-esteem when faced with limitations caused by their arthritis. Try to remember that you are still the same hard-working person you have always been. It is arthritis that is unpredictable and unreliable, not you. ☹

JointHealth™ web workshop with Dr. Diane Lacaille

JointHealth™ is excited to introduce our latest web workshop, "Employment and Inflammatory arthritis" with Dr. Diane Lacaille. Dr Lacaille is a leading expert in the field of arthritis and employment.



In this informative 35 minute video program, Dr. Lacaille provides an overview of research in the field, as well as insights into the causes of work disability and strategies for coping with arthritis at work. This web workshop is available at <http://www.jointhealth.org/programs-jhworkshops.cfm>.

If you have not yet viewed a JointHealth™ web workshop, we encourage you to visit the site and explore them. Topics currently available include:

- **Osteoarthritis**, with Dr. Jolanda Cibere
- **Pregnancy and inflammatory arthritis**, with Dr Kam Shojania
- **Discrimination against people with arthritis:** the advocacy perspective
- **Discrimination against people with arthritis:** the physician perspective
- **Discrimination against people with arthritis:** the patient perspective
- **Discrimination against people with arthritis:** the legal perspective

Please let us know what you think. Email us at feedback@jointhealth.org.

Spotlight on

diffuse idiopathic skeletal hyperostosis (DISH)

We are always happy to present information requested by our readers, and are pleased to be receiving requests for spotlight features on different types of arthritis. Please contact us at feedback@jointhealth.org if you would like us to profile a specific type of arthritis.

Diffuse idiopathic skeletal hyperostosis (DISH), also known as “Forestier’s disease”, is a form of degenerative arthritis. It is characterized by a flowing calcification and ossification (new bone) along the sides of the vertebrae of the spine, which can appear like “wax dripping from a candle”. It also involves inflammation and bone growth where tendons and ligaments attach to bone, such as at the elbow, knee and the heel of the foot. This can lead to the formation of bone spurs, such as heel spurs.

Disease symptoms and complications

The signs and symptoms of DISH vary depending on which part of your body is affected. However, in general it is the upper back that is affected most commonly. Other signs and symptoms may include:

- **Stiffness** – causes stiffness in your upper back and may also affect your neck and lower back. For some people, this condition extends beyond the spine into areas such as their heels, ankles, knees, hips, shoulders, elbows and hands. Stiffness is most noticeable in the morning on arising.
- **Pain** – while not everyone with DISH experiences pain, patients with this disease may feel pain. The pain can be located over the bone tendon junctions (such as heel spurs) or over the spine.
- **Decreased/Loss of range of motion** – Loss of lateral (side to side) range of motion in the spine is a common finding.
- **Difficulty swallowing or a hoarse voice** – If a person has DISH in their neck, they may experience these symptoms although they

are not common.

- **Disability** – Loss of range of motion in the affected joint can make it difficult to use that joint, potentially leading to disability. People with DISH have as much disability as people with other causes of back pain.
- **Paralysis** – While rare, and only in severe cases, pressure on the spinal cord may result in a loss of feeling and paralysis.

Causes

While there is no clear cut evidence as to what causes DISH, there are risk factors that increase your chance of developing the condition. These include:

- **Certain medications** – Long-term use of medications called retinoids, which come from Vitamin A, may increase your risk of DISH. However, there is no clear evidence that taking Vitamin A will increase your risk of developing DISH.
- **Gender** – Men are much more likely to develop DISH than women.
- **Older age** – DISH is most common in older adults, especially in people older than 50.
- **Diabetes and other conditions** – People with diabetes or other conditions that raise insulin levels in your body, including hyperinsulinemia, prediabetes, heart disease, high blood pressure and obesity, may increase your risk of developing DISH.

Diagnosis

To diagnose DISH, doctors often begin with a history and physical examination. Unfortunately, many physicians do not know about DISH so that diagnosis can take time. An arthritis specialist should be able to recognize it based on the history and physical examination. An x-ray of the thoracic spine is often conclusive.

Treatments and lifestyle

While there is no cure for DISH, there are a range of treatments and lifestyle changes that may help to control pain and maintain range of motion in affected joints.

- **Heat:** Applying heat, such as a hot water pad or heating pad, to areas of the body that are affected can help reduce pain.
- **Exercise:** Including walking, stretching and swimming into a consistent exercise program may help to minimize pain and stiffness, as well as maintain and/or increase range of motion.
- **Physiotherapy:** Physical therapy can help reduce the stiffness associated with DISH and may help improve or maintain range of motion.
- **Medications:** Treatment for pain may include pain relievers such as acetaminophen (for example Tylenol®) or non steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (like Advil® or Motrin®).
- **Steroid injections:** In some cases of severe pain, corticosteroid injections may be used.
- **Surgery:** In rare cases, surgery may be needed when there are severe complications. For example, if a person is having problems swallowing because of bone spurs in the neck, surgery may be needed to remove them. It may also be required to relieve pressure on the spinal cord.

Finally, as with any type of arthritis disease, maintaining a healthy lifestyle is a critical part of a well-rounded DISH treatment plan. A nutritionally sound diet that includes appropriate levels of calcium, vitamin D and folic acid is important. Exercising regularly and appropriately may be extremely helpful. Managing stress levels, getting appropriate amounts of rest and good old-fashioned relaxation can lead to a higher quality of life. ◀

Bibliographic information available on request.

Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in health care and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit

www.jointhehealth.org

Guiding principles and acknowledgement

Guiding Principles

Health care is a human right. Those in health care, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the

influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and health care providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.

Thanks

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Disclaimer

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.



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